

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000
www.dca.ca.gov/bsis

**INFORMATION ABOUT LICENSING****ALARM COMPANY OPERATOR/LOCKSMITH/PRIVATE INVESTIGATOR/
PRIVATE PATROL OPERATOR/REPOSSESSION AGENCY**

This packet contains information about obtaining the above licenses, descriptions of required qualifications, and license application forms. If you apply for more than one type of license, you must complete a separate set of forms for each license. It is the policy of the Bureau of Security and Investigative Services to provide equal licensing opportunities for all persons without regard to race, color, religion, sex, national origin, disability, age, creed, marital status or sexual orientation.

The Bureau of Security and Investigative Services licenses and regulates alarm company operators, locksmiths, private investigators, private patrol operators and repossession agencies in California under the provisions of the:

- California Business and Professions Code
Division 1, Section 100 et seq.
Division 1.5, Section 475 et seq.
Division 3, Chapters 8.5, 11, 11.3, 11.5, and 11.6
- California Code of Regulations (formerly California Administrative Code)
Title 16, Chapter 7

No person may engage in the business of private investigator, private patrol operator, alarm company operator, locksmith or repossession agency in California without obtaining the proper license from this Bureau. Any person who operates without a license, unless exempted, or who represents himself or herself to be licensed and is not licensed, is guilty of a misdemeanor, which is punishable by a fine and/or imprisonment. Licensing laws and regulations are subject to change. Applicants are responsible for staying informed of legislative or regulatory changes which may affect the status of their application. If any such changes affect the status of an application after it has been filed with us, the applicant will be notified.

GENERAL QUALIFICATIONS FOR LICENSURE

Each person listed on the application (owner, partner, corporate officer, qualified manager) is required to meet certain general qualifications regarding fitness for licensure.

The person who will be in active charge of the business for a locksmith is referred to as the manager. Each company license must have one person designated as the manager. The manager may be an owner, partner, or corporate officer. The person who will be in active charge of the business for a private investigator, private patrol operator, alarm company operator, or repossession agency is referred to as the qualified manager or qualified certificate holder. Each company license must have one person designated as the qualified manager and the person must meet the general license qualifications as well as more specific qualifications regarding age, experience and examination. The qualified manager may be an owner, partner, corporate officer or any other person meeting the requirements for qualified manager.

If a denial of licensure is based on a previous criminal act by the applicant, the crime or act must be substantially related to the qualifications, functions or duties of the business or profession for which the application is made. A criminal history check is made on all applicants. The director may deny a license if any person listed on the application as owner, partner, corporate officer or qualified manager have done any of the things listed below:

- Been convicted of a crime. Any conviction of any crime or plea of nolo contendere, even if the conviction was dismissed under Penal Code Section 1203.4, must be disclosed on the application.
- Committed any act involving dishonesty, fraud or deceit with the intent to substantially benefit himself or herself, or injure another.
- Committed any act which, if done by a licensee of the business or profession in question, would be grounds for suspension or revocation of the license.
- Knowingly made a false statement of fact required to be revealed on the license application.
- Has a license which is under suspension.
- Been refused a license or had a license revoked, or been an officer, partner or manager of any business that has been refused a license or had a license revoked by the Bureau.
- While unlicensed, committed, or aided and abetted the commission of, any act for which said license is required.

For alarm company applicants only: If there is a conviction of unlicensed activity or aiding and abetting, a license will not be issued unless at least one year has lapsed since the date of the conviction. Other provisions may apply depending on the type of license. Evidence of rehabilitation may be submitted with the application for consideration by the Bureau.

GENERAL REQUIREMENTS – QUALIFIED MANAGER (for private investigator, private patrol operator, alarm company operator and repossession agency)

The person who is designated as the qualified manager must meet these general requirements in addition to more specific requirements listed further in this package:

- Be at least 18 years of age.
- Have the required experience in the work for which the license is sought.
- Attain a passing score on the written examination.

If you have previously passed the examination for the same type of license you are applying for now and hold a valid license/certificate, you do not have to retake the examination if you fall within the following categories:

- Private investigator and private patrol operator: If you have been shown on Bureau records as the qualified manager for the same type of business licenses within the past year.
- Alarm company operator and repossession: If you have a current qualification certificate.

SPECIFIC REQUIREMENTS – QUALIFIED MANAGER (for private investigator, private patrol operator, alarm company operator and repossession agency)

Each person who will be the qualified manager for a license must meet the experience requirements as listed below:

Alarm Company Operator

At least two years (2,000 hours each year) of compensated experience totaling not less than 4,000 hours in alarm company work, or the equivalent thereof.

Qualifying experience is compensated alarm company work performed for a licensed company as a registered alarm company employee (ACE).

Experience gained as an unregistered agent will not be accepted.

Private Investigator

At least three years (2,000 hours each year) of compensated experience totaling not less than 6,000 hours in investigative work, including persons employed in the following capacities:

1. Sworn law enforcement officers possessing powers to arrest and employed by agencies in the federal, state, or local government agencies.
2. Military police of the United States armed forces or the National Guard.
3. An insurance adjuster or their employees subject to Chapter 1 (commencing with Section 14000) of Division 5 of the Insurance Code.
4. Persons employed by a private investigator who is duly licensed in accordance with their chapter.
5. Persons employed by collection agencies, and persons employed by repossessioners duly licensed in accordance with Chapter 11 (commencing with Section 7500), only to the extent that those persons are routinely and regularly engaged in the location of debtors or the location of personal property utilizing methods commonly known as “skip tracing.” Only that experience acquired while performing skip tracing duties shall be credited toward qualification to take the examination.
6. Persons duly trained and certified as arson investigators and employed by a public agency engaged in fire suppression.
7. Persons possessing an associate of arts degree in police science, criminal law or justice from an accredited college shall be credited with 1,000 hours of experience in investigative work.
8. Persons possessing a law degree or proof of a four-year course in police science, criminal justice, or criminal law shall be required to have at least two years (4,000 hours) of experience in investigation work.

The following activities **will not** be accepted as qualifying experience:

1. Experience gained as an independent contractor.
2. The serving of legal process or other documents.
3. Activities relating to the search for heirs or similar searches which involve only a search of public records or other reference sources in the public domain.

4. The transportation or custodial attendance of persons in the physical custody of a law enforcement agency.
5. The provision of bailiff or other security services to a court of law.
6. The collection or attempted collection of debts by telephone or written solicitation after the debtor has been located.
7. The repossession or attempted repossession of personal property after that property has been located and identified.

Locksmith

No experience required.

Private Patrol Operator

At least one year of compensated experience totaling not less than 2,000 hours as a patrolman, guard or watchman, or the equivalent thereof.

Repossession Agency

At least two years (2,000 hours each year) of compensated experience totaling not less than 4,000 hours either:

- As an employee of a licensed repossession agency in the state during the five years preceding the date application is filed

OR

- With experience in recovering personal property sold under a security agreement within this state.

If you worked for a licensed repossession agency, you must have been registered as a repossession agency employee (RAE) to claim the experience.

FORMS REQUIRED FOR LICENSE APPLICATION

The following is a description of each type of form that must be included with your application. All required forms must be completed and submitted to the Bureau with the appropriate fees before the application will be processed. If “fee required” appears by the form number, see the attached Schedule of Fees for the amount. The attached checklist on page 9 also lists the forms required for each type of license. Please check your completed application package against this list before sending it to us.

The following items may affect the time required to issue your license: incomplete application forms; incorrect or nonpayment of fees; passing the examination; the Department of Justice and Federal Bureau of Investigation’s response time on criminal history checks; and the time required to verify application information.

All applications are processed on a first-come, first-serve basis. Please allow a minimum of four weeks before contacting the Bureau about the status of your application.

Application for License (Form 31A-4) (fee required)

A separate application must be filed for each type of license and for each entity applying for a license. For example, if you want a license as a sole owner in addition to having the same type of license in partnership with someone else, you must file two separate application packages.

If you change the type of ownership/entity after filing an application or after becoming licensed, you must submit a new application with the appropriate fees. For example, if you apply and become licensed as sole owner and later decide to form a partnership or corporation, you must apply for a new license. Licenses are not transferable or assignable to new entities, and a change in ownership constitutes a new entity.

Business address: You may not list a post office box or mailbox service as the address of record unless mail delivery to the physical location of the business is not possible or the principal place of business is located in your personal residence. If you list a post office box or mailbox service, include an explanation for doing so with your application and give the physical location/address of the business.

Personal Identification Form (Form 31A-9) (no fee)

Each person listed on the Application for License as an owner, partner, corporate officer and/or manager of the business must complete one of these forms. Qualified manager applicants for alarm companies or repossessioners who do not have a current qualification certificate are to complete Form 31A-26.

Two photographs of the person named on the form, 1 ½" x 2" in size and of passport quality taken within the past year, must be attached to each Personal Identification Form. Polaroids will not be accepted. Any person who knowingly falsifies photographs required for licensure is guilty of a felony.

If the applicant has ever been convicted of a crime, it must be disclosed on this form along with an explanation of the circumstances. A conviction dismissed under Section 1203.4 of the Penal Code or a plea of nolo contendere must be disclosed.

The director may deny a license if the crime or act is substantially related to the qualifications, functions, or duties of the license for which application has been made. The director may also deny a license if a false statement is made on the application.

Application for Qualification Certificate (Form 31A-26) (fee required)

This form is to be completed only by those persons applying for examination to become a qualified manager for a repossession agency or alarm company. If you already have a current qualification certificate you are not required to complete this form or pay the fee. After passing the examination, and successful completion of other requirements, a qualification certificate (separate from a company license) will be issued to you.

Two photographs of the person named on the form, 1 ½" x 2" in size and of passport quality taken within the past year, must be attached to each Application for Qualification Certificate. Polaroids will not be accepted. Any person who knowingly falsifies photographs required for licensure is guilty of a felony.

If you have ever been convicted of a crime, it must be disclosed on this form along with an explanation of the circumstances. A conviction dismissed under Section 1203.4 of the Penal Code or a plea of nolo contendere must be disclosed.

The director may deny a qualification certificate if the crime or act is substantially related to the qualifications, functions, or duties of the certificate for which the application has been made. The director may also deny a certificate if a false statement is made on the application.

Fingerprint Cards are Rarely Acceptable

CALIFORNIA RESIDENTS: Effective July 1, 2005, the Department of Justice (DOJ), with rare exceptions, will only accept electronically submitted (Live Scan) fingerprints for criminal background checks related to employment, licensing, certification, etc.

Applicants who do not have reasonable access to Live Scan or have a justifiable reason to submit their fingerprints on a fingerprint card may apply for an exemption. Submit a "Request for Exemption from Mandatory Electronic Fingerprint Submission Requirement" form with your application and fingerprint card. This form is available at <http://ag.ca.gov/publications/bcii9004.pdf>.

To ensure timely processing of applications, as of June 1, 2005, the Bureau of Security and Investigative Services (BSIS) will accept fingerprint cards from California applicants only if they qualify for the exemption mentioned above.

NON-RESIDENTS: Out-of-state applicants will be deemed to lack reasonable access to Live Scan. Accordingly, hard fingerprint cards for such individuals will not be subject to the limitations described above.

Live Scan Fingerprinting

Live Scan is a system for the electronic submission of fingerprints and the subsequent automated background checks and responses.

Live Scan is easy to use. Simply go to the nearest Live Scan station to have your fingerprints submitted to the DOJ and FBI. Pay the Live Scan Operator the \$32 DOJ fingerprint processing fee and the \$24 FBI fingerprint processing fee.

Live Scan Sites and Forms

You may visit the Bureau's Web site at "www.dca.ca.gov/bsis" to link to the Live Scan sites and/or Live Scan form to be used by the Bureau's applicants. You may also call the Bureau at 916-322-4000 to request a form and/or referral to Live Scan site in your area.

Certificate in Support of Experience (Form 31A-8) (no fee)

This form must be completed for all persons applying for examination as a qualified manager for private investigator, private patrol operator, alarm company operator or repossession agency. All qualifying experience must be certified on this form by someone other than the applicant. A separate form is to be used by each person who is certifying experience and for each employer. All military qualifying experience must be supported by a copy of the applicant's DD-214 or Performance Evaluation Report. Additional support of experience may be required as requested by the chief. One year of experience is considered to be a minimum of 2,000 hours of compensated time in the required field.

For Private Investigators Only: Applicants wishing to use education in lieu of practical experience must submit a copy of their college transcripts.

For Private Investigators: Only employers or their designated agent may certify the investigative experience obtained by the applicant. An employer who is a licensee shall respond in writing within 30 days to an applicant's written request for certification of work experience as an employee and either provide the certification or the reason for denial. If the licensee fails to respond to the applicant, the applicant must notify the Bureau in writing, under penalty of perjury, that the applicant is unable to obtain the required written response. After this procedure has been followed, the Bureau may require the licensee to submit all relevant employment records maintained regarding the applicant for evaluation in substantiating the applicant's employment experience.

Request for Authorization of Business Name (Form 31A-12) (no fee)

Business may not be conducted under a fictitious or other business name unless written authorization is received from this Bureau.

You should wait for your license to be issued before incurring expenses related to the use of the name, e.g., stationery, business cards, advertising, telephone listings, etc. Approval of a corporate name by the Secretary of State **does not** mean the name will be automatically approved as a business name by the Bureau.

Submit the Request for Authorization of Business Name form with your application; it will not be processed before receipt of your application and fees. List business names to be considered in order of preference. Name approval or disapproval is not available by telephone. Applicants who have already passed the required examination will be notified of name approval or disapproval after review and acceptance of the application. New applicants will be advised of name approval or disapproval with notification of passing the written examination.

Locksmiths: Applicants will be notified of name approval or disapproval after review and acceptance of the application.

Branch Office Registration Application (Form 31A-11) (fee required)

This form is required only if you intend to conduct business from locations other than the principal place of business. A separate form is required for each branch location. If you intend to have branch offices, contact the Bureau for an application form.

Exception: A repossession agency cannot have a branch office; a separate license application and fees must be filed for each location.

REQUIRED FOR LICENSE APPLICATION

Corporate Applicants Only

If a corporate application is filed and Articles of Incorporation or the Statement and Designation as a Foreign Corporation are already filed with the Secretary of State, a copy of the **endorsed** articles should accompany the application. Approval of the corporate name by the Secretary of State does not mean the name will be automatically approved as a business name by the Bureau.

Endorsed Articles of Incorporation or the Statement and Designation as a Foreign Corporation are required before a corporate license is issued.

ADDITIONAL REQUIREMENTS

Private Investigator – Insurance Requirement

All private investigators who carry a firearm or provide armed bodyguard services incidental to an investigation must maintain an insurance policy which provides minimum limits of insurance of \$500,000 for any one loss due to bodily injury or death and \$500,000 for any one loss due to injury or destruction of property. After your license is issued, the policy must be available for review upon request by the Bureau.

Private Patrol Operator – Insurance Requirement

All private patrol operators who employ security guards who carry a firearm as part of their duties must maintain an insurance policy which provides minimum limits of insurance of \$500,000 for any one loss due to bodily injury or death and \$500,000 for any one loss due to injury or destruction of property. After your license is issued, the policy must be available for review upon request by the Bureau.

EXAMINATION

Examinations are designed to determine proficiency of the applicant to engage in the business for which the license is required.

In order to be considered for examination, the Bureau must receive the completed application and appropriate fee(s).

After your application is approved, your name and address will be sent to Experior. Experior will mail you candidate handbook and study materials. Upon receipt of this information you can call the phone number provided to you in the handbook and schedule the date, time and location of your examination.

Experior has ten (10) locations in California and are open Monday through Saturday.

Examinees requiring special testing arrangements due to a physical or mental impairment must submit a request to the Bureau for such arrangements. This request must be in writing and include supporting documentation from a physician or other qualified professional.

REEXAMINATION

If you do not pass the examination or if you did not take the examination after Experior scheduled you, you may apply to be tested at a later date. You must submit a written request or an application for reexamination (form is attached to your results notice) and the appropriate fee. You will receive the candidate handbook and study materials from Experior. Once you receive this information you can schedule an appointment with Experior to take the exam.

ABANDONMENT OF APPLICATIONS

If you do not complete the license application process within one year after your application is filed or you do not pass the examination within a one-year period after becoming eligible, the application is considered abandoned. The date your application will be considered abandoned is included in your examination scheduling letter. If your application expires and you still want a license, you must submit a new application and fees. An application submitted after the abandonment date will be treated as a new application.

FINAL STEPS IN THE LICENSING PROCESS

When all requirements are met for licensing, including the requirements for the qualified manager, you will be notified to send the following items:

- License fee, if not already paid (see Schedule of Fees).
- Any additional information needed to complete the application.
- For applicants who applied as a corporation: Articles of Incorporation or Statement and Designation as a Foreign Corporation, if not already submitted.

LICENSE/CERTIFICATE RENEWAL

After a license/certificate is issued, it is subject to renewal as prescribed by law. The expiration date is shown on your license or certificate. If you do not renew on time, delinquent penalties and reinstatement periods apply as prescribed by law. It is the practice of the Bureau to send an application for renewal before the license or certificate expiration date; however, it is your responsibility to renew your license or certificate on time if you do not receive your renewal application.

ANY QUESTIONS?

If you have questions about the licensing process or about completion of your application you may write to the Bureau or call the number listed below.

Bureau of Security and Investigative Services
P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000

Although every effort has been made to assure the accuracy of this information packet, it does not have the force and effect of law, rule or regulation. Should any difference or error occur, the law will take precedence.

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**APPLICATION FORMS CHECKLIST**

This form is for your use only. Please do not send it to the Bureau with your application. Your application package must include each form listed for your type of license and the correct fees.

APPLICATION AND FINGERPRINT PROCESSING FEES ARE NON-REFUNDABLE.

Find the heading for the type of license you are applying for and check off each form that you have completed. If there is a fee requirement, find the amount on the Schedule of Fees and write it on the checklist. When all forms for your type of license are checked off and all the fees are listed, total the fees and submit them with the forms to the Bureau. Make checks payable to the Bureau of Security and Investigative Services.

ALARM COMPANY OPERATOR / REPOSSESSION AGENCY

If you do not have a qualified manager who already has a current qualification certificate, you must also send the forms listed for the qualified manager. If you are applying only to become certified as an alarm company qualified manager or a reposessor qualified manager, do not complete these forms – see forms list for qualified manager.

- ☐ Application for License (Form 31A-4) Fee \$ _____
- ☐ Personal Identification Form (Form 31A-9)
One form and two photographs for each owner, partner, corporate officer and the qualified manager.
- ☐ Second copy of the Live Scan form signed by the Live Scan operator.
(The Bureau recommends that you use the Live Scan fingerprinting process when submitting fingerprints to DOJ and FBI)
- ☐ Request for Authorization of Business Name (Form 31A-12)
- ☐ Corporation Applicants Only: endorsed Articles of Incorporation or the Statement and Designation by a Foreign Corporation *if already filed* with the Secretary of State.

Total Fee \$ _____

QUALIFIED MANAGER for: ALARM COMPANY OPERATOR or REPOSSESSION AGENCY

- ☐ Application for License (Form 31A-4) Fee \$ _____
- ☐ Personal Identification Form (Form 31A-9)
One form and two photographs for each owner, partner, corporate officer and the qualified manager.
- ☐ Second copy of the Live Scan form signed by the Live Scan operator.
(The Bureau recommends that you use the Live Scan fingerprinting process when submitting fingerprints to DOJ and FBI)

- ☐ Certificate in Support of Experience (Form 31A-8)
For qualified manager only: One form from each person who is certifying the required work experience.

Total Fee \$ _____

PRIVATE INVESTIGATOR / PRIVATE PATROL OPERATOR

- ☐ Application for License (Form 31A-4)
- ☐ Personal Identification Form (Form 31A-9)
One form and two photographs for each owner, partner, corporate officer and the qualified manager.
- ☐ Second copy of the Live Scan form signed by the Live Scan operator.
(The Bureau recommends that you use the Live Scan fingerprinting process when submitting fingerprints to DOJ and FBI)
- ☐ Certificate in Support of Experience (Form 31A-8)
For qualified manager only: One form from each person who is certifying the required work experience.
- ☐ Request for Authorization of Business Name (Form 31A-12)
- ☐ Corporation applicants only: endorsed Articles of Incorporation or the Statement and Designation by a Foreign Corporation *if already filed* with the Secretary of State.

Fee \$ _____

Total Fee \$ _____

LOCKSMITH COMPANY LICENSE

- ☐ Application for License (Form 31A-4)
- ☐ Personal Identification Form (Form 31A-9)
One form and two photographs for each owner, partner, corporate officer and the qualified manager.
- ☐ Second copy of the Live Scan form signed by the Live Scan operator.
(The Bureau recommends that you use the Live Scan fingerprinting process when submitting fingerprints to DOJ and FBI)
- ☐ Request for Authorization of Business Name (Form 31A-12)
- ☐ Corporation applicants only: endorsed Articles of Incorporation or the Statement and Designation by a Foreign Corporation *if already filed* with the Secretary of State.

Fee \$ _____

Total Fee \$ _____

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**APPLICATION FOR LICENSE**

Type of License Applied for:

- | | |
|---|--|
| <input type="checkbox"/> ALARM COMPANY OPERATOR | <input type="checkbox"/> LOCKSMITH COMPANY |
| <input type="checkbox"/> PRIVATE INVESTIGATOR | <input type="checkbox"/> PRIVATE PATROL OPERATOR |
| <input type="checkbox"/> REPOSSESSION AGENCY | |

This information is requested pursuant to sections 6980.14, 7503, 7582 of the Business and Professions Code and will be used to determine eligibility for licensure. All information is necessary and if not provided, the application may be rejected.

If the qualified manager has already passed the Bureau examination and is still eligible to be a qualified manager, you may submit the licensing fee and the application fee with this application. Otherwise do not submit the licensing fee at this time, except for locksmith and repossession applicants. Licensing fees for locksmith and repossession agencies are to be submitted with this application. (See Schedule of Fees.)

The application and/or license fee shall not be refunded.

Please type or print clearly.

1. Proposed Business Name

2. Business Address – Number and Street

City

State

Zip Code

3. Qualified Manager's Full Name (or person who will be in active charge of the business for locksmiths)

4. Qualified Manager License Number (if licensed)

5. Telephone – Business
()

Residence
()

6. Type of Business Organization

- | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation |
|-------------------------------------|--------------------------------------|--------------------------------------|

_____-_____-_____-_____-_____-_____-_____-_____-_____-
 Social Security No. (Individual Ownership Only)

_____-_____-_____-_____-_____-_____-_____-_____-_____-
 FEIN (Partnership Ownership Only)

List the name of each owner, partner, or corporate officer of the business and give their position. For corporations list chief executive officer, secretary, chief financial officer, and any other corporate officer who will be active in the business. If additional space is needed, attach a separate sheet.

Name – Last

First

Middle

Position

Each Person listed in items 3 and 6 must complete and submit a Personal Identification Form (Form 31A-9), even though the person may have previously submitted this information in connection with another license.

I/We declare under penalty of perjury, under the laws of the State of California, that all information contained on this Application for License and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation and that ANY FALSE OR DISHONEST ANSWER TO ANY QUESTION MAY BE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF LICENSE.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

SIGNATURES REQUIRED: Individuals whose names appear in item 3 and 6.

Per California Civil Code, Section 1798 (information Practices Act), the chief of the Bureau is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.
 31A-4 (Rev. 11/2004)

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**PERSONAL IDENTIFICATION FORM**

Each person listed on the Application for License (Form 31A-4) as an owner, partner, corporate officer, and manager/qualified manager of the business must complete and submit this form. This form is also to be completed for any corporate officer or manager/qualified manager change after license is issued. A corporate officer includes the chief executive officer, secretary, chief financial officer and any other officer who will be active in the business.

This form must be accompanied by a Live Scan form signed by the Live Scan operator, and two photographs, taken within the past year that are 1 1/2" x 2" in size and of passport quality.

DEPARTMENT USE ONLY

Prefix				
No.				
Iss				
Exp				

Disclosure of your Social Security Number is mandatory. Section 30 of the Business and Professions Code Public Law 94-455 [42 USCA 405(c)(2)(C)] authorizes collection of your Social Security Number. Your Social Security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

This information is requested pursuant to California Business and Professions Code sections 480, 6980.18, 6980.19, 6980.20, 6980.21, 7503.1, 7503.2, 7503.3, 7503.4, 7525, 7521.1, 7582.6, 7582.19, 7593.1, 7593.2, 7593.3, 7593.4 and Labor Code section 432.7 and will be used to determine eligibility for licensure. All information is necessary, and if not provided, the application may be rejected.

Please type or print clearly

1. This application is for: <input type="checkbox"/> A New License A change in an existing license: <input type="checkbox"/> Officer <input type="checkbox"/> Manager		2. The type of license is: <input type="checkbox"/> Alarm Company Operator <input type="checkbox"/> Locksmith Company <input type="checkbox"/> Private Investigator <input type="checkbox"/> Private Patrol Operator <input type="checkbox"/> Repossession Agency		3. Name of Manager/Qualified Manager (Print) _____	
4. Business Name				5. License Number (if Licensed)	
6. Name (No Initials) Last First Middle				7. Social Security Number (Mandatory)	
8. Residence Address – Number and Street City State Zip Code					
9. Telephone Number Residence () Business ()				10. Date of Birth (Mo/Day/Yr)	

11. YOUR POSITION WITH BUSINESS: (Check all that apply)

☐ OWNER ☐ QUALIFIED MANAGER
☐ PARTNER ☐ OFFICER

OFFICE HELD _____

12. Have you ever applied for or received a license or registration from the Department of Consumer Affairs, the Department of Professional and Vocational Standards, Bureau of Private Investigators and Adjusters, the Collection Agency Licensing Bureau, the Bureau of Collection and Investigative Services, or the Bureau of Security and Investigative Services?	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
13. Have you or any partnership or corporation of which you were a member or officer had any license denied, suspended or revoked by any state, territory, or governmental agency?	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
14. Have you ever been arrested and convicted of any crime, or entered a plea of nolo contendere? This item includes misdemeanors and felonies regardless of the length of time which has lapsed since their occurrence. Minor traffic violations resulting in a fine of \$499 or less do not need to be disclosed. Convictions dismissed under Section 1203.4 of the Penal Code MUST be disclosed.	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
15. Have you ever used a name other than your present legal name?	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>

IMPORTANT: If you answered "YES" to any of the preceding questions, attach a supplementary statement giving a complete and detailed explanation, including dates, names used, license numbers, reasons, convictions, etc.

16. EMPLOYMENT HISTORY: Your past five-year employment history must be shown. Any lapse of employment during those five years must be explained. List most recent experience first. Qualified managers must list ALL qualifying experience and attach completed Certificate in Support of Experience forms for any experience used to qualify for the license examination. If additional space is needed, attach a separate sheet.

NAME OF EMPLOYER		TELEPHONE NUMBER ()	DUTIES PERFORMED:
ADDRESS: NUMBER STREET CITY STATE ZIP CODE			
YOUR POSITION TITLE	SUPERVISOR'S NAME		
DATES EMPLOYED (Month/Day/Year) From: To:		TOTAL NUMBER OF HOURS WORKED	
NAME OF EMPLOYER		TELEPHONE NUMBER ()	DUTIES PERFORMED:
ADDRESS: NUMBER STREET CITY STATE ZIP CODE			
YOUR POSITION TITLE	SUPERVISOR'S NAME		
DATES EMPLOYED (Month/Day/Year) From: To:		TOTAL NUMBER OF HOURS WORKED	
NAME OF EMPLOYER		TELEPHONE NUMBER ()	DUTIES PERFORMED:
ADDRESS: NUMBER STREET CITY STATE ZIP CODE			
YOUR POSITION TITLE	SUPERVISOR'S NAME		
DATES EMPLOYED (Month/Day/Year) From: To:		TOTAL NUMBER OF HOURS WORKED	

17. List your residence addresses for the past five years. Give the most recent first, using additional sheet if necessary.

NUMBER AND STREET CITY STATE ZIP CODE	FROM	TO

ATTENTION – READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS FORM

I declare under penalty of perjury, under the laws of the State of California, that all information contained on this Personal Identification Form and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license.

SIGNATURE

DATE

Per California Civil Code section 1798.17 (Information Practices Act), the chief of the Bureau is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by section 1798.40 of the Civil Code.

**Attach two
photographs taken
within the past year**

Each one size 1 1/2" x 2"

FOR DEPARTMENT USE ONLY

EXP _____

FP 1 _____

FP 2 _____

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 989002
 West Sacramento, CA 95798-9002
 (916) 322-4000
 www.dca.ca.gov/bsis

**REQUEST FOR AUTHORIZATION OF BUSINESS NAME**

Any name under which you intend to do business, including your own name, must be submitted to the Bureau for approval pursuant to Business and Professions Code sections 6980.17, 7503, 7532, 7582.17 and 7593 (see reverse side for further explanation). A Request for Authorization of Business Name form will not be accepted prior to application for license. Business may not be conducted under a fictitious or other business name unless written authorization is received from the Bureau. Any advertisement must contain the ***exact*** business name as approved by the Bureau.

The use of a fictitious business name is subject to the provisions of Business and Professions Code Chapter 5 (commencing with Section 17900) of Part 3 of Division 7. This Chapter defines fictitious name and contains provisions regarding use and requirement for filing a statement with the local county clerk.

1. Application for:

- ☐ Approval of business name for new license application
☐ Change in business name of licensed business (license No.) \$25 FEE REQUIRED
☐ Additional fictitious name(s)

2. Type of License

- ☐ Alarm Company Operator (No Fee Required) ☐ Locksmith Company (No Fee Required)
☐ Private Investigator ☐ Private Patrol Operator
☐ Repossession Agency (No Fee Required)

3. Name of Qualified Manager

4. *Physical Business – Number and Street City State Zip Code

5. Telephone Number Residence () Business ()

6. List proposed business names in the order of preference. At least three choices should be provided if a fictitious name is requested; however, five choices are preferable. If the first name listed is approved, additional names will not be considered. Other criteria for name approval:

- If initials are to be used as part of the name, you must explain what they stand for.
- The use of the following words will not be approved for an individual or partnership license: Corporation, Corp., Incorporated, Inc.
- The following words or initials will not be approved as part of a fictitious or business name: U.S., United States, Federal, State, Bureau, Police, Task Force, Community, County.

1. _____
 2. _____
 3. _____
 4. _____
 5. _____

7. CERTIFICATION:

If type of license is individual, the owner must sign.

If type of license is a partnership, all partners must sign.

If type of license is a corporation, a responsible corporate officer must sign.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Private Investigator, Private Patrol Operator: Business and Professions Code sections 7532 and 7582.17 states in part:

The Bureau shall not authorize the use of a fictitious or other business name which is so similar to that of a public office or agency of that used by another licensee that the public may be confused or misled thereby.

Alarm Company Operator: Business and Professions Code section 7593 states in part:

No license shall be issued in any fictitious name which may be confused with or is similar to any federal, state, county, or municipal governmental function or agency or to any law enforcement agency, or in any name which may tend to describe any business function or enterprise not actually engaged in by the applicant.

Repossession Agency: Business and Professions Code section 7503 states in part:

No licensee shall be issued in any fictitious name which may be confused with or which is similar to any federal, state, county, or municipal governmental function or agency, or in any name which may tend to describe any business function or enterprise not actually engaged in by the applicant, or in any name which is the same as or so similar to that of any existing licensee as would tend to deceive the public, or in any name which would otherwise tend to be deceptive or misleading.

Locksmith Company: Business and Professions Code section 6980.17(c) states:

No license shall be issued in any fictitious name which may be confused with, or which is similar to any federal, state, county, or municipal governmental function or agency, or in any name which may tend to describe any business function or enterprise not actually engaged in by the applicant.

Business and Professions Code section 6980.17(d) states: No license shall be issued in any fictitious name that is misleading or would constitute false advertising.

*Do not list a post office box or the address of a mailbox service as your address of record unless mail delivery to the physical location of the business is not possible.

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**APPLICATION FOR QUALIFICATION CERTIFICATE**

Application for Qualified Manager:

☐ ALARM COMPANY OPERATOR ☐ REPOSSESSION AGENCY

This form is to be completed by the individual who wishes to become the qualified manager for a repossession agency or alarm company. If granted, a certificate allows you to act as qualified manager for a licensed company; it does not take the place of a company license.

This form must be accompanied by a Live Scan form signed by the Live Scan operator, and two photographs, taken within the past year that are 1 1/2" x 2" in size and of passport quality.

The Application for Qualification Certificate fee shall not be refunded.

Disclosure of your Social Security number is mandatory. Section 30 of the Business and Professions Code Public Law 94-455 [42 USCA 405(c)(2)(C)] authorizes collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

This information is requested pursuant to California Business and Professions Code sections 480, 7503.1, and 7599(c) and Labor Code section 432.7 and will be used to determine eligibility for licensure. All information is necessary, and if not provided, the application may be rejected.

Please type or print clearly

1. NAME: LAST FIRST MIDDLE			2. SOCIAL SECURITY NUMBER (MANDATORY):	
3. RESIDENCE ADDRESS: NUMBER AND STREET CITY			STATE	ZIP CODE
4. TELEPHONE NUMBER: Residence () Business ()			5. DATE OF BIRTH (Month/Day/Year):	
6. BUSINESS NAME:			7. BUSINESS LICENSE NUMBER (If Licensed):	
8. BUSINESS ADDRESS: NUMBER AND STREET CITY			STATE	ZIP CODE
9. YOUR POSITION WITH BUSINESS: (Check all that apply)				
<input type="checkbox"/> OWNER		<input type="checkbox"/> QUALIFIED MANAGER		
<input type="checkbox"/> PARTNER		<input type="checkbox"/> OFFICER		
			OFFICE HELD _____	
10. Have you ever applied for or received a license or registration from the Department of Consumer Affairs, the Department of Professional and Vocational Standards, Bureau of Private Investigators and Adjusters, the Collection Agency Licensing Bureau, the Bureau of Collection and Investigative Services, or the Bureau of Security and Investigative Services?			YES	<input type="checkbox"/>
			NO	<input type="checkbox"/>
11. Have you or any partnership or corporation of which you were a member or officer had any license denied, suspended or revoked by any state, territory, or governmental agency?			YES	<input type="checkbox"/>
			NO	<input type="checkbox"/>
12. Have you ever been arrested and convicted of any crime or entered a plea of nolo contendere? This item includes misdemeanors and felonies regardless of the length of time which has lapsed since their occurrence. Minor traffic violations resulting in a fine of \$499 or less do not need to be disclosed. Convictions dismissed under section 1203.4 of the Penal Code MUST be disclosed.			YES	<input type="checkbox"/>
			NO	<input type="checkbox"/>
13. Have you ever used a name other than your present legal name?			YES	<input type="checkbox"/>
			NO	<input type="checkbox"/>

IMPORTANT: If you answered "YES" to any of the preceding questions, attach a supplementary statement giving a complete and detailed explanation, including dates, names used, license numbers, reasons, convictions, etc.

14. EMPLOYMENT HISTORY: Your past five-year employment history must be shown. Any lapse of employment during those five years must be explained. List most recent experience first. Qualified managers must list ALL qualifying experience and attach completed Certificate in Support of Experience forms for any experience used to qualify for the license examination. If additional space is needed, attach a separate sheet.

NAME OF EMPLOYER		TELEPHONE NUMBER ()	DUTIES PERFORMED:
ADDRESS: NUMBER STREET CITY STATE ZIP CODE			
YOUR POSITION TITLE	SUPERVISOR'S NAME		
NAME OF EMPLOYER		TELEPHONE NUMBER ()	DUTIES PERFORMED:
ADDRESS: NUMBER STREET CITY STATE ZIP CODE			
YOUR POSITION TITLE	SUPERVISOR'S NAME		
NAME OF EMPLOYER		TELEPHONE NUMBER ()	DUTIES PERFORMED:
ADDRESS: NUMBER STREET CITY STATE ZIP CODE			
YOUR POSITION TITLE	SUPERVISOR'S NAME		

15. List your residence addresses for the past five years. Give the most recent first, using additional sheet if necessary.

NUMBER AND STREET	CITY	STATE	ZIP CODE	FROM	TO

ATTENTION – READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS FORM

I declare under penalty of perjury, under the laws of the State of California, that all information contained on this Application for Qualification Certificate form and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license.

SIGNATURE

DATE

Per California Civil Code, Section 1798.17 (Information Practices Act), the Chief of the Bureau is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.

**Attach two
photographs taken
within the past year**

Each one size 1 ½" x 2"

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**CERTIFICATE IN SUPPORT OF EXPERIENCE**

The information on this form is used to determine experience qualifications of applicants for licensure and is requested pursuant to Business and Professions Code sections 7504, 7541, 7582.7, 7583.1, and 7599. One form must be completed by each person (declarant) who is certifying the applicant's experience. The declarant section of the form must be completed by someone other than the applicant who has knowledge of the work experience claimed by the applicant. Use a separate form for each employer.

THIS SECTION TO BE COMPLETED BY THE APPLICANT

TYPE OF LICENSE APPLIED FOR:				
<input type="checkbox"/> ALARM COMPANY QUALIFIED MANAGER		<input type="checkbox"/> PRIVATE INVESTIGATOR		<input type="checkbox"/> REPOSSESSION AGENCY QUALIFIED MANAGER
<input type="checkbox"/> PRIVATE PATROL OPERATOR				
1. NAME OF APPLICANT				
2. RESIDENCE ADDRESS OF APPLICANT: NUMBER AND STREET		CITY	STATE	ZIP CODE
3. APPLICANT'S TELEPHONE NUMBER				
Residence ()		Business ()		
4. NAME OF EMPLOYER FROM WHOM APPLICANT ACQUIRED EXPERIENCE			5. NAME OF IMMEDIATE SUPERVISOR	
6. ADDRESS OF ABOVE EMPLOYER: STREET			CITY	STATE ZIP CODE
			7. EMPLOYER'S BUSINESS TELEPHONE NUMBER ()	

THIS SECTION TO BE COMPLETED BY THE DECLARANT

The declarant is the person who certifies or attests to the applicant's experience. The information given is important to the applicant since it may help that person qualify for a state license. It is also important to the Bureau of Security and Investigative Services which uses it to determine if the applicant meets the experience requirements for a state license.

Please complete this form and return it to the applicant. Incomplete or inaccurate forms may be returned and/or may prevent or delay the applicant from qualifying for licensure. A Bureau representative may contact you by telephone or letter to verify statements or to get additional information regarding the applicant's experience qualifications. One year of experience is considered to be a minimum of 2,000 hours of compensated time for the specific license filed.

The applicant may have several declarants; you may be certifying only part of the experience required. The total time needed for each type of license is: PRIVATE INVESTIGATOR, 6,000 hours; ALARM COMPANY QUALIFIED MANAGER, 4,000 hours; PRIVATE PATROL OPERATOR, 2,000 hours; REPOSSESSION AGENCY QUALIFIED MANAGER, 4,000 hours of experience in this state within the last five years.

8. NAME OF DECLARANT				
9. ADDRESS OF DECLARANT: NUMBER AND STREET		CITY	STATE	ZIP CODE
10. DECLARANT'S TELEPHONE NUMBER		11. DECLARANT'S LICENSE NUMBER IF LICENSED WITH THIS BUREAU		
Residence ()		Business ()		
12. NAME OF DECLARANT'S EMPLOYER				
13. ADDRESS OF DECLARANT'S EMPLOYER: NUMBER AND STREET		CITY	STATE	ZIP CODE

CONTINUED ON OTHER SIDE

ADDITIONAL COMMENTS:

Only an employer or his or her designated agent may certify the investigative experience obtained by the applicant.

The undersigned hereby declares under penalty of perjury, under the laws of the State of California, that all statements contained herein are true and correct.

DATE _____

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 989002

West Sacramento, CA 95798-9002

(916) 322-4000

www.dca.ca.gov/bsis**INFORMATION COLLECTION, ACCESS AND DISCLOSURE**

The information you provide on this application is maintained by the Chief of the Bureau of Security and Investigative Services, Department of Consumer Affairs, 2420 Del Paso Road, Suite 270, Sacramento, CA 95834, (916) 322-4000. The information is requested pursuant to Business and Professions Code sections 6980.17, 6980.18, 6980.19, 6980.20, 6980.21, 7503, 7503.1, 7503.2, 7503.3, 7503.4, 7506.5, 7507.1, 7525, 7525.1, 7533, 7533.5, 7582.6, 7582.19, 7583.9, 7593, 7593.1, 7593.2, 7593.3, 7593.4, 7598.6, 7599.23; Labor Code section 432.7; and/or Title 16, California Code of Regulation section 606.

It is mandatory that you provide all information requested. Omission of any item of required information will result in the application being rejected as incomplete.

Disclosure of your Social Security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455[42 USCA §405(c)(2)(C)] authorize collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which uses a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Your completed application becomes the property of the Bureau and will be used by authorized personnel to determine your eligibility for a license, registration or permit. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code §6250 et seq.) and the Information Practices Act (Civ. Code §1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.** However, if requested, a personal residence address disclosed in a repossession agency application shall be maintained confidential pursuant to Business and Professions Code section 7503. The residential address of a registered reposessor employee is maintained confidential pursuant to Business and Professions Code section 7506.5.

You have the right to review the records maintained on you by the Bureau or department unless the records are exempt by Section 1798.40 of the Civil Code. You may gain access to the information by contacting the Bureau at the above address.

The Unruh Civil Rights Act and other state laws contain prohibitions against gender-based pricing practices. Prices must be based on factors such as the difficulty of treatment or service, and not on the gender of the customer. Violators of these laws may be required to pay damages of a minimum of \$1,000 for each violation as specified in Section 52 of the Civil Code. [Statutes 1994, chapter 535 (SB 1288)].

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July 2005

COMPANY FEE SCHEDULE*Fingerprint processing fees are set by the Department of Justice(DOJ) and Federal Bureau of Investigation (FBI).***APPLICATION AND FINGERPRINT PROCESSING FEES ARE NON-REFUNDABLE**

<u>ALARM COMPANY (Live Scan)</u>	
Application Fee	\$35
DOJ Fingerprint Processing Fee (\$32.00 paid at Live Scan site)	
FBI Fingerprint Processing Fee (\$24.00 paid at a Live Scan site)	
TOTAL	\$35
License Fee (Payable after you have passed exam)	280
Renewal Fee (Payable every two years)	335
Additional Delinquent (postmarked after expiration date) or Reinstatement Fee	167.50
<u>ALARM COMPANY QUALIFIED MANAGER (Live Scan)</u>	
Application/Examination Fee	\$105
DOJ Fingerprint Processing Fee (\$32.00 paid at Live Scan site)	
FBI Fingerprint Processing Fee (\$24.00 paid at Live Scan site)	
TOTAL	\$105
Renewal Fee (Fee payable every two years)	120
Additional Delinquent (postmarked after expiration date) or Reinstatement Fee	60
Re-examination Fee	165
<u>ALARM COMPANY BRANCH OFFICE</u>	
Branch Office Fee	\$35
Renewal Fee	35
<u>LOCKSMITH COMPANY</u>	
Application Fee	\$30
License Fee	45
DOJ Fingerprint Processing Fee (\$32.00 paid at Live Scan site)	
FBI Fingerprint Processing Fee (\$24.00 paid at Live Scan site)	
TOTAL	\$75
Renewal Fee (Fee payable every two years)	\$45
Additional Delinquent (postmarked after expiration date) or Reinstatement Fee	25
<u>LOCKSMITH COMPANY BRANCH OFFICE</u>	
Branch Office Fee	\$35
Renewal Fee	35

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<u>PRIVATE INVESTIGATOR</u>	
Application/Examination Fee	\$50
DOJ Fingerprint Processing Fee (\$32.00 paid at Live Scan site)	
FBI Fingerprint Processing Fee (\$24.00 paid at Live Scan site)	
TOTAL	\$50
License Fee (Fee payable after you have passed exam)	\$175
Renewal Fee (Fee payable every two years)	125
Re-examination Fee	15
Additional Delinquent (postmarked after expiration date) or Reinstatement Fee	62.50
<u>PRIVATE INVESTIGATOR BRANCH OFFICE</u>	
Application Fee	\$30
Renewal Fee	30
<u>REPOSSESSION AGENCY</u>	
License Fee	\$825
DOJ Fingerprint Processing Fee (\$32.00 paid at Live Scan site)	
FBI Fingerprint Processing Fee (\$24.00 paid at Live Scan site)	
TOTAL	\$825
Renewal Fee (Fee payable every two years)	\$715
Additional Delinquent (postmarked after expiration date) or Reinstatement Fee	357.50
<u>REPOSSESSION QUALIFIED MANAGER</u>	
Application/Examination Fee	\$325
DOJ Fingerprint Processing Fee (\$32.00 paid at Live Scan site)	
FBI Fingerprint Processing Fee (\$24.00 paid at Live Scan site)	
TOTAL	\$325
Renewal Fee (Fee payable every two years)	\$450
Re-examination Fee	30
Additional Delinquent (postmarked after expiration date) or Reinstatement Fee	225
<u>PRIVATE PATROL OPERATOR</u>	
Application/Examination Fee	\$500
DOJ Fingerprint Processing Fee (\$32.00 paid at Live Scan site)	
FBI Fingerprint Processing Fee (\$24.00 paid at Live Scan site)	
TOTAL	\$500
License Fee (Fee payable after you have passed exam)	\$700
Renewal Fee (Fee payable every two years)	700
Additional Delinquent (postmarked after expiration date) or Reinstatement Fee	225
Re-examination Fee	40
<u>PRIVATE PATROL OPERATOR BRANCH OFFICE</u>	
Application Fee	\$250
Renewal Fee	75